

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09977579

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
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9						
10						
11						
12						
13						
14	1					
15		1				
16						
17		17				
18		17				
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21		17				
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24		17				
25		17				
26		17				
27		17				
28		17				
29		13				
30	1					
31		1				
32						
33	1					
34	1					
35		13				
36	1					
37	1					
38	1					
39						
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41						
42						
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47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.		182				
TOTAL CLAIMS	190					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS